

Food and Drug Administration 10903 New Hampshire Avenue Document Control Center – WO66-G609 Silver Spring, MD 20993-0002

PENTAX Precision Instrument Corporation Mr. Paul Silva Director of Operations and Regulatory Affairs Coordinator 30 Ramland Road ORANGEBURG NY 10962-2699

JUL 2 7 2015

Re: K021278

Trade/Device Name: EG-3630UR, Video Ultrasound Gastroscope

Regulation Number: 21 CFR 876.1500

Regulation Name: Endoscope and accessories

Regulatory Class: II

Product Code: ODG, FET, FDS, ITX
Dated (Date on orig SE ltr): April 19, 2002
Received (Date on orig SE ltr): April 22, 2002

Dear Mr. Silva,

This letter corrects our substantially equivalent letter of September 6, 2002.

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be

found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638 2041 or (301) 796-7100 or at its Internet address <a href="http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm">http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm</a>. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <a href="http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm">http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm</a> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <a href="http://www.fda.góv/MedicalDevices/ResourcesforYou/Industry/default.htm">http://www.fda.góv/MedicalDevices/ResourcesforYou/Industry/default.htm</a>.

Sincerely yours,

## Benjamin R. Fisher -S

Benjamin R. Fisher, Ph.D.
Director
Division of Reproductive, Gastro-Renal,
and Urological Devices
Office of Device Evaluation
Center for Devices and Radiological Health

**Enclosure** 

| SIO(I-) Normbon (if            | · · · · · · · · · · · · · · · · · · ·                          |  |                   |             | D            |                | 1                                       |  |  |
|--------------------------------|--|--|-------------------|-------------|--------------|----------------|---|--|--|
| 510(k) Number (if Device Name: | *  | Ultrasound Video Gastroscope EG-3630UR |                   |             |              |                |   |  |  |
| •                              |  |  | •                 |             | <del></del>  | •              |   |  |  |
|                                | led Use Statement:   |  | • •               | • •         | • • •        |                |   |  |  |
|                                | Ultrasound Video Gastrosco                                     |  |                   |             |              |                |   |  |  |
|                                | nd therapeutic access to, the                                  |  |                   |             |              |                | 31                                      |  |  |
|                                | is not restricted to, the organ<br>Bowel, and underlying areas |  |                   |             |              |                |   |  |  |
|                                | requirement for the procedu                                    |  |                   |             |              |                |   |  |  |
| CONSISTENT WITH THE            | requirement for the procedu                                    | ie are ous                             | ei ved ili A      | uuit anu re | diadic patr  | ent hobulation | 113.                                    |  |  |
| Diagnostic Ultras              | ound Indications For Use S                                     | tatement                               |                   |             |              |                |   |  |  |
| System:                        | EUB-6500   |  |                   |             | •            |                |   |  |  |
| Probe:                         | EG-3630UR  | •                                      |                   |             |              |                |   |  |  |
| Intended Use: Diag             | gnostic ultrasound imaging of                                  | fluid flov                             | w analysis        | of the hum  | an body as   | follows        |   |  |  |
| Clinical Application           | on .   | Mode of                                | Mode of Operation |             |              |                |   |  |  |
| General                        | Specific   | В                                      | M                 | PWD         | CWD          | Color          | Amplitude                               |  |  |
| (Track I only)                 | (Track I & III)  |  |                   |             |              | Doppler        | Doppler                                 |  |  |
| Ophthalmic                     |  |  |                   |             |              |                |   |  |  |
| Fetal Imaging                  | Fetal  |  |                   |             |              |                |   |  |  |
| & Other                        | Abdominal  |  |                   |             |              |                |   |  |  |
|                                | Intra-operative (Spec.)  |  |                   |             |              |                |   |  |  |
|                                | Intra-operative (Neuro.)                                       |  |                   |             |              |                |   |  |  |
|                                | Laproscopic  |  |                   |             |              |                |   |  |  |
|                                | Pediatric  |  |                   |             |              |                |   |  |  |
|                                | Small Organ  |  |                   |             |              |                | <u> </u>                                |  |  |
|                                | Neonatal Cephalic  |  |                   |             |              |                |   |  |  |
|                                | Adult Cephalic   |  |                   |             |              |                |   |  |  |
|                                | Trans-rectal   |  |                   |             |              |                |   |  |  |
|                                | Trans-vagina   |  |                   |             |              |                |   |  |  |
|                                | Trans-urethral   |  | ļ                 |             |              |                | *************************************** |  |  |
|                                | Trans-esoph. (non-Card.)                                       |  |                   |             |              | <u> </u>       |   |  |  |
|                                | Musculo-skel. (Convent.)                                       | ļ                                      | ļ                 | _           | -            |                | ļ                                       |  |  |
|                                | Musculo-skel. (Superfic.)                                      | <u> </u>                               | ļ                 |             | ļ            | <b>_</b>       |   |  |  |
|                                | Intra-luminal  | <u> </u>                               | <u> </u>          |             | <del> </del> |                | 1                                       |  |  |
|                                | Endoscopy  | N                                      | N                 | N           | <u> </u>     | N              | N                                       |  |  |
| Cardiac                        | Cardiac Adult  | <u> </u>                               |                   | _           | <del> </del> |                |   |  |  |
|                                | Cardiac Pediatric  |  |                   | <b>_</b>    |              |                |   |  |  |
|                                | Trans-esophageal (card.)                                       |  |                   |             |              |                |   |  |  |
|                                | Other (spec.)  | 1                                      |                   |             |              |                | <u> </u>                                |  |  |
| Peripheral                     | Peripheral vessel  | ļ <u>.</u>                             |                   |             | 1            |                |   |  |  |
| Vessel                         | Other (Spec.)  | <u> </u>                               | <u></u>           |             |              |                | 1                                       |  |  |
| N = new applicati              | on: P = previously cleared by                                  | FDA: E                                 | = added ur        | nder Appen  | dix E        |                |   |  |  |

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Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off)
Division of Reproductive, Abdominal, and Radiological Devices
510(k) Number 2/27

Prescription Use (Per 21 CFR 801.109)

## 510(k) Summary EG-3630UR, Ultrasound Video Gastroscope for use with EUB-6500 Ultrasound Dizgnostic Scanner

KO21278

**Submitter Information:** 

Pentax Precision Instrument Corporation (PPIC)

30 Ramland Road

Orangeburg, NY, 10962

Tel: (845)-365-0700

SEP 6 2002

Name of Device:

|                      | EG-3630UR, Ultrasound Video Gastroscope              |
|----------------------|--|
| Classification Name: | Diagnostic Ultrasound Transducer (74JOP) {892.1570}, |
|                      | Endoscope and Accessories (78KOG) {876.1500}         |

Predicated Device(s) Information:

| Model, Description                      | Manufacturer    | PMN#    |
|---|-----------------|---------|
| FG-36UX, Fiber Ultrasound Gastroscope   | PPIC            | K010740 |
| EUB-6500, Ultrasound Diagnostic Scanner | Hitachi America | K994026 |

The EG-3630UR. Ultrasound Video Gastroscope, must be used with a Pentax Video Processor (software controlled device) and must be used with Ultrasound Scanner (software controlled device). The endoscope has a Flexible Insertion Tube, a Control Body, PVE Umbilical Connector, and Scanner Umbilical Connector. The PVE Connector connects to the Video Processor and has connections for illumination, video signals, air/water and suction. The Scanner Connector is connected at the Ultrasound Scanner. The Control Body includes controls for up/down/left/right angulation, air/water delivery, suction selection/control, balloon insufflation, and an accessory inlet port. The device contains light carrying bundles to illuminate the body cavity, a charge couple device (CCD) to collect image data, and a radial array ultrasound transducer to collect ultrasonic image data. The instrument contains a working channel through which biopsy devices, or other devices, may be introduced (the instrument is supplied with two biopsy forceps). The Video Processor contains a lamp that provides white light that is filtered, via a Red, Green, and Blue color filter wheel, and is focused at the PVE Connector Lightguide Prong. The endoscope light carrying bundles present the color strobes to the body cavity and the CCD collects image data for each strobe of color. The Video Processor stores the CCD information until all three color strobes are completed and a full color image frame is compiled. Image data and other screen display information are formatted and presented to the video outputs of the Video Processor for display. The ultrasound transducer delivers ultrasonic pulses, reflections of the pulses are received and signals are passed to the Ultrasound Scanner for display. The instrument is immersable (with the use of supplied cleaning accessories) except for the Ultrasound Scanner Connector (as described in the Endoscope operator Manual cleaning instructions).

Intended Use: The EG-3630UR, Ultrasound Video Gastroscope, is intended to provide optical visualization of, ultrasonic visualization of, and therapeutic access to, the Upper Gastrointestinal Tract. The Upper Gastrointestinal Tract includes but is not restricted to, the organs; tissues; and subsystems: Esophagus, Stomach, Duodenum, Small Bowel, and underlying areas. The instrument is introduced per orally when indications consistent with the requirement for the procedure are observed in adult and pediatric patient populations.

Comparison To Predicated Device(s):

The submission for substantial equivalence included EG-3630UR literature including specifications, the identification of standard set components, and identification of optional accessories, comparison tables were provided to illustrate the comparisons to the predicated devices in summary. The submission for substantial equivalence was not based on an assessment of clinical performance data.

Prepared by: Paul Silva Signature: Vaul Silva Date: 04-19-02

Control Number: PS-726 page 1 of 1 Revision: a